

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/526,327	
	Filing Date	February 28, 2005	
	First Named Inventor	Andreas MEUDT	
	Group Art Unit	1816	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	2002DE311

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Firm or Individual Name	ProPat, L.L.C. 425-C South Sharon Amity Road Charlotte, NC 28211-2841
Signature	<i>Cathy Moore</i>
Date	August 24, 2006

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PTO/SB/122 (01-06)

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Application Number 10/526,327

Filing Date February 28, 2005

First Named Inventor

Andreas MEUDT RECEIVED CENTRAL FAX CENTER

Art Unit

1616

AUG 24 2006

Examiner Name

KUMAR

Attorney Docket Number

2002DE311

Please change the Correspondence Address for the above-identified patent application to:

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I am the:



Applicant/Inventor

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number 45,764

Registered practitioner named in the application transmittal letter in an application without an
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Signature

Cathy Moore

Typed or Printed
Name

Cathy R. Moore

Date August 24, 2006

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(704) 365-4881

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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PTO/SB/88 (01-08)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

38263

OR

☒ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number
Cathy R. Moore	45,764		
Klaus Schweitzer	L0086		

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	ProPat, LLC		
Address	425-C South Sharon Amity Road		
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Telephone	704 365-4881	Email	moore@propatllc.com

Assignee Name and Address:

Clariant Produkte (Deutschland) GmbH
Brueningstrasse 50
65929 Frankfurt am Main
Germany

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/88 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Dr. Klaus Hötter</i>	<i>i.v. M. Paczkowski</i>	Date	08/17/2006
Name	Dr. Klaus Hötter	Dr. Marcus Paczkowski	Telephone	(616) 6-757 8245
Title	Prokurist	Authorized Signatory		

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